

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012277

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

62

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY

RANDOLPH

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Moberly

Length of stay in 1b

36 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

931 East MCKINSEY

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pettis

c. CITY

Sedalia

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

608 East 13th St

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
CHARLES

Middle

E. CRAWFORD

Last

4. DATE OF DEATH

Month
March

Day

Year
6, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-11-1889

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

California, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wilson Francis Crawford

13b. MOTHER'S MAIDEN NAME

Mary Jones

14. NAME OF HUSBAND OR WIFE

Lillie Florence CRAWFORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS. E. E. Fray

Address

931 East MCKINSEY

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Heart Attack

INTERVAL BETWEEN ONSET AND DEATH

and

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility, cerebral arterio-sclerosis,

PART III. If deceased was female was there a pregnancy in last 90 days.

☒ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 8/62 to March 6/62 and last saw him alive on March 5/62. Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. L. E. Huber, MD

22b. ADDRESS

Moberly, MO

22c. DATE SIGNED

3/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

3-6-62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery, Sedalia, Missouri

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

D. W. Hackett

ADDRESS

Hackett Funeral Home, Sedalia, Missouri

25. DATE RECD. BY LOCAL REG.

3-6-62

26. REGISTRAR'S SIGNATURE

Huber

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0887

20808

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94201

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13 1-0

MS MAR 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3470

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.